MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036295

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5265 STATE FILE NUMBER

FILED OCT 9 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

2 | 35 | 78 | 12

4 | 0

5 | 1

7 | 0

8 | 1

9 | 62.1

12 | 68 | 0

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 45 YEARS
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: TRINITY LUTHERAN HOSP. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3430 CLEVELAND — Reside on Farm: Yes [ ] No [X]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: E. Last: McCORMICK

4. DATE OF DEATH: Month, Day, Year: SEPTEMBER 25, 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 1/25/85

9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY: HOISTING & MECH.

11. BIRTHPLACE (City and state or country): WESTPLAINS, MISSOURI

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: BENJAMIN McCORMICK

13b. MOTHER'S MAIDEN NAME: NERCESUS DAVIS

14. NAME OF HUSBAND OR WIFE: MARIE McCORMICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: NO

16. SOCIAL SECURITY NO.:

17. INFORMANT: MARIE McCORMICK-3430 CLEVELAND Address: K. C., MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Adrenal Insufficiency	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Adrenal metastatic tumor.	unknown
DUE TO (c)	Ca of Bronchi	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 63 to Present time and last saw him alive on Sept 25 63

Death occurred at 1045 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John M Powers M.D.

22b. ADDRESS: 3304 Linwood

22c. DATE SIGNED: 9/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 9/28/1963

23c. NAME OF CEMETERY OR CREMATORY: mt. MORIAH

23d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS K.C., MO

25. DATE RECD. BY LOCAL REG.: 9-27-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

Mr. John Miller Powers
3504 Linwood Blvd.
1:00-5:00 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold D. Quick

Licensed Embalmer No. 4998

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.